

Dear Pacific Swimming **ZONE-4** Athletes and Parents:

The Pacific Swimming Zone 1N - Zone 1S - Zone 2 - Zone 3 - Zone 4 **All Star Meet (ZAM)** will be held in Santa Rosa, California, on Sunday, February 26, 2023 at Santa Rosa Junior College (SRJC).

ZAM All Star Teams will travel to Santa Rosa on Saturday, February 25<sup>th</sup> for team practice/warm-ups at SRJC on Saturday afternoon. Teams will spend Saturday night in a hotel in Santa Rosa and return home after the meet on Sunday. **NOTE: Expected hotel accommodations** are 2 beds each room, up to 4 athletes per room ages 9-10 and 11-12 (sleeping bags welcome) and 2 athletes per room ages 13-14, always same-gender, with a chaperone rooming nearby.

**Eligibility:** Zone 4 applicants need **at least one 2021-24 USA Swimming Motivational "BB" time and two "B" times (altitude-adjusted) in any three different events for the age you will be on February 26, 2023.** Athletes who have swum at a Western Zone Championships or the Pacific Coast All Star meet, regardless of age group at the time, are **INELIGIBLE** for this meet.

**Selection:** The **Zone 4** All Star Team will be comprised of up to 8 girls and 8 boys from three age divisions (9-10, 11-12, and 13-14). Team selection will be based on the fastest **altitude-adjusted** times as of Sunday, January 22, 2023, for the following events:

| 9-10     | 11-12    | 13-14    |
|----------|----------|----------|
| 50 Fly   | 100 Fly  | 100 Fly  |
| 50 Back  | 100 Back | 100 Back |
| 50 Brst  | 100 Brst | 100 Brst |
| 50 Free  | 50 Free  | 50 Free  |
| 100 Free | 100 Free | 200 Free |
| 100 IM   | 200 IM   | 200 IM   |

**Location:** Quinn Swim Center Kathryn Kettler Pool, 1501 Mendocino Avenue, Santa Rosa, CA 95401.

**Cost:** The co-pay fee for this event is **\$85 payable to "Zone 4 Pacific Swimming"**. **Siblings need separate co-pay checks.** The fee becomes non-refundable when the athlete is selected to the team.

**Deadlines & Submission options:** Completed and signed applications and co-pays must be **received by the Team Manager by 5:00 pm on Sunday, January 22, 2023** for the athlete to be eligible for selection. Options for submission:

**Mail** (postmark by Tuesday January 17, 2023): **Zone 4 All Stars, c/o Kelly Schott, 1899 Rombauer Court, Reno, NV 89519**

**email** (completed applications only - co-pay must still be received by the deadline): [kburnight@hotmail.com](mailto:kburnight@hotmail.com)

**Hand-deliver to All-star Desk at Carson Blizzard Blast Meet January 13-15, 2023, no later than 2:00 pm Sunday 1/15**

**Application:** Attached is the athlete application for the **Zone 4** All Star Team. Applications must include ALL of the following:

- ✓ Signed Letter of Intent
- ✓ Pacific Swimming Code of Conduct Athletes
- ✓ Pacific Swimming Family and USAS Home Coach Participation Guide
- ✓ Pacific Swimming Travel Policy
- ✓ Medical Release Forms
- ✓ Copy of Medical Insurance Card
- ✓ Athlete Privacy Letter
- ✓ Co-pay of **\$85 payable to "Zone 4 Pacific Swimming"**

All athletes and parents must sign the Letter of Intent, Pacific Code of Conduct Athletes, Family and USAS Home Coach Participation Guide, Pacific Swimming Travel Policy, Medical Release Forms, Athlete Privacy Letter, include a **copy of the athlete's medical insurance card, and co-pay. Siblings need separate checks.** Please direct questions to:

Kelly Schott, [kburnight@hotmail.com](mailto:kburnight@hotmail.com) or (775) 750-5033

**(YOU MAY DETACH AND KEEP THIS PAGE FOR YOUR INFO)**

Athlete's age on February 26, 2023: \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female  
Competition Gender (check one)

Sweat Shirt Size *Youth*: \_\_\_\_YS \_\_\_\_YM \_\_\_\_YL \_\_\_\_YXL or *Adult*: \_\_\_\_S \_\_\_\_M \_\_\_\_L \_\_\_\_XL \_\_\_\_XXL

## **ZONE 4 PACIFIC SWIMMING**

### **Letter of Intent**

This Letter of Intent must be **received** no later than 2:00 PM SUNDAY JANUARY 22, 2023 to be considered for selection to **Pacific Swimming Zone All Star Meet, Santa Rosa, CA on February 25-26, 2023.**

**This signed Letter of Intent, Pacific Code of Conduct Athletes, Family and USAS Home Coach Participation Guide, Pacific Swimming Travel Policy, Medical Release Forms, Athlete Privacy letter, and \$85.00 co-pay made out to "Zone 4 Pacific Swimming" must be on file with the All Star Team Manager no later than Sunday, January 22, 2023.**

We request the named athlete be considered for selection to the Zone All-Star Team. PLEASE PRINT CLEARLY:

**Athlete's Full** Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
First Full Middle Last Month Day Year

USA Swimming Registration #: \_\_\_\_\_

**Family Email** for selection notifications (**please write clearly**): \_\_\_\_\_

Parent/Legal Guardian Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Guardian 1's Cell Phone: \_\_\_\_\_ Guardian 2's Cell Phone: \_\_\_\_\_

Club Team (Abbreviation): \_\_\_\_\_ Coach Name: \_\_\_\_\_

Coach Email: \_\_\_\_\_ Coach Phone #: \_\_\_\_\_

**Additional Information:** Sandwich Preference: \_\_\_\_Ham \_\_\_\_Turkey \_\_\_\_Vegetarian

### **AGREEMENT**

If selected we agree to participate, to abide by the rules and regulations of the coaching staff, team managers, Pacific Code of Conduct and Parent/Coaches Guidelines, Pacific LSC Guidelines and furthermore understand and agree that failure to participate results in our liability and obligation to reimburse Pacific for expenses incurred on behalf of the athlete.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Signature of Parent/Guardian



**TRAVEL / EVENT CODE OF CONDUCT: ATHLETES**

The purpose of this code of conduct for athletes is to establish a consistent expectation for athletes' behavior during camps and all-star travel.

- ☐ I will, at all times, respect and show courtesy to my teammates, coaches, officials, volunteers, administrators, chaperones, competitors, and the public.
- ☐ I will be respectful of my teammates' feelings and personal space. I understand that participants who exhibit sexist, racist, homophobic, or otherwise inappropriate behavior will face consequences.
- ☐ I will attend all team functions, which include meetings, practices, presentations, and competition, unless I am excused by a coach or person designated in charge of the event.
- ☐ I will show respect for all facilities and other property (including locker rooms) used during this event and team activities.
- ☐ I will obey all of USA Swimming's rules.

I understand that if I violate this code of conduct, I will be subject to disciplinary action determined by my coaches and the swim club's board of directors.

\_\_\_\_\_  
(Printed Name of Athlete)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Parent or Legal Guardian)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



## PACIFIC SWIMMING TEAM TRAVEL TRIPS FAMILY AND USA SWIMMING HOME COACH PARTICIPATION GUIDELINES

Congratulations to you as a major supporter of your athlete, who is rightfully proud and excited to be applying for a place on this year's Zone All Star Team. We as the team coaches and managers are looking forward to the coming competition, and are expecting a high level of cooperation and performance from all the athletes on the team. We know you share these aspirations with us.

This is a Team Travel trip, where our first priority is to promote the best interest of the individual athlete in particular and of the team as a whole. This priority includes safety, fairness of competition for all athletes and the personal growth of each individual in contributing to the team.

You, as a parent and/or a coach, have already contributed enormously to the success of your athlete. In order to help and encourage you to continue this support while your athlete is with the Zone All Star Team, we offer you the following guidelines and ask that you sign them. If you have questions please speak to a manager or the Head Coach.

- Please, if you can, travel to the meet as an official, timer, or spectator. Your personal presence and support is important to the team.
- All team-housing areas are restricted to trip athletes and staff. Request for access to an athlete's areas must be made in writing to the head coach.
- During the trip family members are asked not to visit with the athletes. The athletes are on the trip to perform to the best of their ability and to become a cohesive team. Team functions are designed with this in mind. Since the schedule must remain flexible, the athletes must stay in the team designated areas.
- Arrangements for telephone calls between the athlete and family/coach should be set up ahead of time, initiated by the athlete and limited to no more than five minutes per call. If you need to get in touch with your athlete please contact a staff member to relay a message (they will be glad to help).
- The "team area" during competition is restricted to athletes and staff members. **Parents and home coaches may not be involved with the athletes on the pool deck.**
- Any concerns that may arise during the course of the competition need to be referred immediately to the appropriate staff member. They are in place to help the athletes.

I have read and understand the guidelines set for me as a parent/coach.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Pacific Swimming Travel Policy**

**Athletes and their parents/legal guardians must read, agree to, and sign the following before traveling:**

- Travel Policy (this document)
- Code of Conduct
- Medical consent and release
- Liability release, waiver, or permission to participate

**By signing this travel policy, participants agree to the following rules and policies:**

- 1) When only one athlete and one coach travel to a competition, the athlete must have written permission from his or her parents/legal guardian in advance to travel alone with the coach. The coach must bring the signed form on the travel trip. (USA swimming, rule 305.5.3)
- 2) Athletes, parents, coaches, and other adults traveling with a club must sign that club's travel policies. (Required by the USA swimming rulebook, rule 305.5.4)
- 3) In the event of any violations of the travel code, Code of Conduct (article 304), or USA Swimming Athlete Protection Policies (article 305), the chaperone or head coach shall make a written report of all violations to the appropriate club (LSC) leadership and the parent or legal guardian of any affected minor athlete.
- 4) The possession, use, or sale/distribution of any illegal substance or any form of weapon is forbidden. The sale or distribution of controlled substances to others is also forbidden.

## **Chaperones**

- 5) A chaperone (also called team manager) is an adult (21 years of age or older) who is not also a coach.
- 6) Chaperones must be members of USA Swimming and have successfully passed a USA Swimming-administered criminal background check (USA Swimming. Rule 305.5.2) and Athlete Protection Training course.
- 7) The use of alcoholic beverages by chaperones is prohibited.
- 8) Chaperones are required to report any violation of the rules. Chaperones cannot use discretion in deciding when to report violations.

## **Two-Deep Leadership**

*Two-deep leadership* is an athlete safety procedure specifying that every activity involving youth must have at least two adults (coaches and/or chaperones) present.

- 9) When doing room checks, attending team meetings and/or other activities, coaches and chaperones must maintain two-deep leadership.
- 10) When only one athlete and one coach travel to a competition, the coach and athlete should attempt to establish a "buddy" on another team to facilitate two-deep leadership.

## **Code of Conduct / Honor Code**

- 11) Athletes and chaperones will display proper respect and sportsmanship toward coaches, officials, administrators, teammates, fellow competitors and the public at all times.
- 12) The possession or use of alcohol or tobacco products by any athlete is prohibited.
- 13) Athletes are to refrain from inappropriate physical contact at team activities and events.

- 14) Athletes are to refrain from use of inappropriate language.
- 15) Athletes' bags and belongings are subject to inspection by chaperones at any time.

#### **Conduct within Hotels**

- 16) Regardless of gender, a coach shall not share a hotel room or other sleeping arrangement with an athlete (unless the coach is the parent, guardian, sibling, or spouse of that particular athlete). (Required by USA swimming rule 305.5.1.)
- 17) During overnight travel, if athletes are paired with other athletes they shall be of the same gender and should be a similar age.
- 18) For overnight travel, chaperones shall stay in nearby rooms.
- 19) Curfews shall be established for each day of the trip. There should be one curfew for athletes to be in their assigned rooms and another for lights-out and quiet. Any athlete who is out of his or her room after the room curfew without permission from the chaperone must be reported as in violation of the travel policies.
- 20) Athletes who entertain guests of opposite gender in a hotel room must have explicit permission from a chaperone. When any group (including athletes not staying in that room) gathers in a room, the door shall remain open and the chaperone's permission is required.
- 21) Athletes should not go into the halls or lobby unless they are dressed appropriately.
- 22) Athletes shall not incur any incidental room charges (room service, movies, internet access) without first obtaining the permission of the assigned chaperone.
- 23) Any damages, excessive mess, or loss incurred at a hotel will be the expense of the athletes assigned to that room and further disciplinary action will be taken. No loud or boisterous behavior will be tolerated in the hallways or public areas.

#### **Transportation and Public Places**

- 24) Athletes are expected to remain with the team at all times during the trip. Athletes are not to leave the competition venue, the hotel, a restaurant, or any other place at which the team has gathered without the permission/knowledge of the coach and chaperone.
- 25) When visiting public places such as shopping malls or movie theatres, athletes must remain in groups, of size specified by the chaperone. Athletes 12 and under must be accompanied by a chaperone.
- 26) Athletes should not ride in a coach's vehicle without another adult present who is the same gender as the athlete, unless prior parental permission is obtained.

#### **Disciplinary Action**

Failure to comply with the policies as set forth in this document must result in disciplinary action. Such discipline may include, but may not be limited to:

- Dismissal from the trip and immediate return home at the athlete's expense
- Disqualification from one or more events
- Disqualification from future team travel meets
- Financial penalties
- Dismissal from the team
- Proceedings for a Western Zone, USA Swimming National Board of Review, and/or LSC Administrative Review Board

Athlete Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Authorization to Consent to Emergency Treatment of Minor

I/we, the undersigned parent(s)/legal guardian(s) of: \_\_\_\_\_ USA Swimming Registration #: \_\_\_\_\_, a minor, do hereby authorize Zone All-Star Team Head Coach, Team Managers and Coaching staff as agents for the undersigned to act on my behalf to consent to any emergency transport, x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable, and is to be rendered under the general supervision of any licensed physician and surgeon when parent or legal guardian cannot be immediately contacted. I/we grant permission to the physician and/or appropriate medical personnel to attend to my child. In addition, I/we grant permission to the physician/team staff to **release and receive** medical information pertaining to the necessary treatment of my child. This information may be transmitted via telephone, personal interview, electronic mail, postal service, fax or other form of media not listed here. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the agent to give specific consent to any and all such emergency diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

## Parents' Permission/ Acknowledgement of Risk for Athletic Participation

As the parent(s)/legal guardian(s) of the above named student-athlete, I/we give consent for his/her participation in Pacific Swimming's program and athletic events. I know that the risk of injury to my child comes with participation in sports and during travel to and from meets. I/we have had the opportunity to understand the risk of injury during participation in sports through meetings, written information, or by some other means. My/our signature(s) below indicates that to the best of my/our knowledge, my/our answers to the above questions are complete and correct.

I/we give consent for the Pacific Swimming All-Star staff to **release** such information regarding my child's records that pertain directly to athletic participation at Pacific Swimming. I also grant permission for the PC athletic trainer to **receive** medical information from any medical practice concerning my child's athletic injury information for the continuity of care.

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(Parent/Legal Guardian Signature)

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(Date)

**(PLEASE ATTACH A COPY OF ATHLETE'S MEDICAL CARD)**

## **Athlete Medical History/Permission to Treat**

**Allergies and sensitivities:** Is there a history of skin or other untoward reaction or sickness following injection or oral administration of:

|   |                |
|---|----------------|
| Penicillin:                                     | ___ YES ___ NO |
| Morphine, codeine, Demerol, or other narcotics: | ___ YES ___ NO |
| Novocain or other anesthetics :                 | ___ YES ___ NO |
| Aspirin, emperin, or other pain remedies:       | ___ YES ___ NO |
| Sulfa drugs:                                    | ___ YES ___ NO |
| Tetanus, antitoxin, or other serums:            | ___ YES ___ NO |
| Adhesive tape:                                  | ___ YES ___ NO |
| Iodine or methiolate:                           | ___ YES ___ NO |

Any other drug or medication allergies (describe): \_\_\_\_\_

Food allergies such as eggs, milk, chocolate, nuts (describe): \_\_\_\_\_

Any special diet (describe): \_\_\_\_\_

Allergy to insect bites, bee stings, other (describe): \_\_\_\_\_

**Does your athlete carry either of the following:**

**Prescription/rescue inhaler:** \_\_\_ YES \_\_\_ NO

**Epi-pen (epinephrine autoinjector):** \_\_\_ YES \_\_\_ NO

**NOTE: it is the parents' responsibility to contact the Team Manager directly ASAP regarding any specific medical or dietary requirements your athlete will have during the trip.**

Date of last Tetanus booster: \_\_\_\_\_

Drugs Taken Recently: Within the past 6 months has athlete taken

|   |                |
|---|----------------|
| Cortisone:                                    | ___ YES ___ NO |
| ACTH:   | ___ YES ___ NO |
| Anticoagulants:                               | ___ YES ___ NO |
| Tranquilizers:                                | ___ YES ___ NO |
| Hypotensives (high blood pressure medicines): | ___ YES ___ NO |

Has athlete ever received treatment for (if yes, check condition below): \_\_\_ YES \_\_\_ NO

\_\_\_ Asthma \_\_\_ Rheumatism \_\_\_ Rheumatic Fever

LIST all other physical conditions of which we should be aware: \_\_\_\_\_

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**May the following be given to my child for the immediate relief of pain/illness?**

|                          |                |                  |                |
|--------------------------|----------------|------------------|----------------|
| Pepto Bismol or similar: | ___ YES ___ NO | Tums or similar: | ___ YES ___ NO |
| Advil or Motrin:         | ___ YES ___ NO | Benadryl:        | ___ YES ___ NO |
| Tylenol:                 | ___ YES ___ NO | Cough Drops:     | ___ YES ___ NO |

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(Parent/Legal Guardian Signature)

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(Date)



## Emergency Information

Athlete's Name: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Patient ID#: \_\_\_\_\_

Phone # of insurance company to obtain authorization for emergency treatment: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Date)

## Athlete Privacy Letter

Please fill out the following information regarding your consent for your child's participation on the Zone All Star Teams to be made public prior to the event

I, \_\_\_\_\_, have indicated below, the privacy permissions I  
(Print Parent/ Legal Guardian Name)

expect Pacific Swimming to observe regarding my minor child, \_\_\_\_\_, in  
(Print Child's Name)

conjunction with information about the upcoming swim meet, including the date and time of the meet.

### *Check your choice regarding your child's privacy*

I ☐ **GRANT** ☐ **DO NOT GRANT** permission to use my child's name on any team publications (digital or print)

I ☐ **GRANT** ☐ **DO NOT GRANT** permission to use my child's image on any team publications (digital or print)

If I do grant permission, I will not hold Pacific Swimming liable for any circumstances that may occur as a result of this information being made public prior to the event.

\_\_\_\_\_  
(Parent/Legal Guardian signature)

\_\_\_\_\_  
(Date)

